Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						***************************************			
Citizens for Quality Schools Full Name of Contributor	***************************************	THE PERSON NAMED IN COLUMN		-					
Jody Grieger	!				Registration Number, if PAC				
Street Address	Employe	(0		<u> </u>					
3744 Timberland Dr	Employe	r/Occup	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
City	0,		Iz: 6.1	T		·	check		
Gahanna		ate H	Zip Code	M	D	Y	Amount	•••	
Full Name of Contributor		1.1	43230		0 2	1 0		20.00	
Kamie Guzy				Kegistra	ation Num	iber, if Pa	AC		
Street Address	Employe	-//	pation/Labor Organization*						
7881 Danbridge Way	Limploye	поссир	atton/Labor Organization*				Form (Cash, Che	ck, etc.)	
City	Sta	ate	Zip Code	M	I n	Y	check		
Westerville	0	Н	43062	1	D		Amount	25.00	
Full Name of Contributor			1 43002	0 3	0 2 ition Num	$\begin{bmatrix} 1 & 0 \end{bmatrix}$		35.00	
John Marette				Registia	icion ivani	1001, 11 17	10.		
Street Address	Employer/Occupation/Labor Organization*					1000-1100-1100-1100-1100-1100-1100-110	Form (Cash, Che	ok ato)	
3552 Chowning Ct							ck, etc.)		
City	Sta	ate	Zip Code	M	D	Y	check Amount		
Columbus	0	Н	43220	0 3	1	1 0	ranount	30.00	
Full Name of Contributor		***************************************	10220	the second second second second	tion Num		\C	30.00	
Amy Clark				,					
Street Address	Employe	г/Оссир	ation/Labor Organization*	<u> </u>		TERMINANCA (CONTRACT)	Form (Cash, Che	ck etc.)	
373 Dunbarton Road	, and a same of				check			on, oto.)	
City	Sta	ite	Zip Code	М	D	Y	Amount		
Gahanna	0	Н	43220	0 3	0 2	1 0		20.00	
Full Name of Contributor				THE RESERVE OF THE PARTY OF THE	tion Num		AC	20.00	
Linda Smith						•			
Street Address	Employe	r/Occupa	ation/Labor Organization*	B.	terminanoum	***************************************	Form (Cash, Chec	ck, etc.)	
10084 Houndsdale Dr							check		
City	Sta	te	Zip Code	M	D	Y	Amount		
Pickerington	0	Н	43147	0 3	0 2	1 0		50.00	
Full Name of Contributor				Registra	tion Num	A SPECIAL PROPERTY.	.С		
Sandra Nelson Hall									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
516 Clark State Road							check		
City	Sta		Zip Code	M	D	Y	Amount		
Gahanna		H	43230	0 3	0 2	1 0		20.00	
Full Name of Contributor				Registra	tion Numl	ber, if PA	C.C		
Debra Kuskowski	···	****			4-24				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)	
271 Broadleigh Rd							check		
City	Sta	1	Zip Code	M	D	Y	Amount		
Columbus		H	43209	0 3	0 2	1 0	dan (4.00 com	10.00	
Full Name of Contributor				Registrat	tion Numb	ber, if PA	.c		
Deborah Hoffman Street Address	I-s :	10		<u> </u>	delegation and an angle		CONTRACTOR		
	Employer.	/Occupa	tion/Labor Organization*				Form (Cash, Chec	k, etc.)	
8271 Turret Dr	<u> </u>	т	a: a .				check		
City	Stat	1	Zip Code	M	D		Amount		
Blacklick	O	H	43004	0 3	0 2	1 0		20.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 205.00	
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